3052

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02993

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Smithsburg Md #2
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waynesboro Pa. 75x-3
STREET ADDRESS (If rural give location) 26 N. Grant St.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) E. (Last) Addlesberger
4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: Aug. 24, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greensburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Geo. Masters
14. MOTHER'S MAIDEN NAME: Catherine Fulton
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Chester Adams, Waynesboro Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause
(a) 1 Chronic Myocarditis ~~Acute~~ — Interval Between Onset And Death: 20 yrs
DUE TO Myocardial Degeneration
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) 2 Acute Nephritis — 6 Mo
DUE TO
(c) 3 Paralysis Agetans — 30 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to Mar 8, 1954, that I last saw the deceased alive on Mar 7, 1954, and that death occurred at 9:35 a.m., from the causes and on the date stated above,
SIGNATURE Earl Glaxpelty (Degree or title) M.D. ADDRESS Waynesboro, Pa. DATE SIGNED 3/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/10/54
NAME OF CEMETERY OR CREMATORY Burns Hill
LOCATION (City, town, or county) (State) Waynesboro Pa.
DATE REC'D BY LOCAL REGISTRAR Mar 9-54
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR Walter Y. Grove, ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1954
BUREAU V. S.

3014

M

DR. KEADLE

MARGIN RESERVED FOR BINDING

02991

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03 | LENGTH OF STAY (in this place) 5 MONTHS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 ENGLEWOOD ROAD X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural, give location) 110 ENGLEWOOD ROAD

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) H. (Last) AVEY

4. DATE OF DEATH (Month) MARCH (Day) 24 (Year) 1954

5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED | 8. DATE OF BIRTH JULY-16-1875 | 9. AGE last birthday 78-8-8 yrs. | If under 1 year Months, Days | If under 24 hrs. Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (State or foreign country) TREGO WASH. CO. MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME MARION MULLENDORE | 14. MOTHER'S MAIDEN NAME ALICE GOUFF.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT AND ADDRESS MRS. WOODROW WILSON 110 ENGLEWOOD RD. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Malnutrition dehydration — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) (b) Cerebral apoplexy, left — 8 days.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertensive Cardio vascular disease — indef.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None recognized.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-18, 1954, to death 19....., that I last saw the deceased alive on 3-23, 1954, and that death occurred at 8:55 PM m., from the causes and on the date stated above.

SIGNATURE Robert F Keadle (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 3-26-54.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE MARCH 28 1954 | NAME OF CEMETERY OR CREMATORY ROHRERSVILLE CEMETERY | LOCATION (City, town, or county) (State) ROHRERSVILLE MD.

DATE REC'D BY LOCAL REG. Mar. 26. 1954 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

1

RECEIVED
MAR 29 1954
BUREAU V. S.

3015

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02995

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 618 WEST CHURCH STREET X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural give location) 618 WEST CHURCH STREET

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) D. (Last) BAKER

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1954

5. SEX: male

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: NOV. 1 1879

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. BAKER

14. MOTHER'S MAIDEN NAME: MARTHA BURGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-10-6779

17. INFORMANT & ADDRESS: MRS. JOHN L. ALTON HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Occlusion	1 hr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cardio vascular renal disease	5 yrs.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Mar 13, 1954, that I last saw the deceased alive on Mar 1st, 1954 and that death occurred at 12:00 Noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest F Poole M.D. — ADDRESS 138 W. Washington St — DATE SIGNED 3/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — **DATE THEREOF** 3/16/54 — **NAME OF CEMETERY OR CREMATORY** ROSE HILL CEMETERY — **LOCATION** (City, town, or county) HAGERSTOWN (State) MD.

DATE REC'D BY LOCAL REGISTRAR Mar. 16. 1954 — **REGISTRAR'S SIGNATURE** Ethel H. Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS — ADDRESS HAGERSTOWN

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MAR 19 1956
BUREAU V. S.

3053

DR. LEVAN

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02996

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONSBORO X
LENGTH OF STAY (in this place) 11 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUILFORD NURSING HOME 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EMORY - 03X-2
STREET ADDRESS (If rural give location) HAMSTEAD MD. R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) (Last) BITZER

4. DATE OF DEATH: (Month) (Day) (Year) MARCH - 2. 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED.
8. DATE OF BIRTH: MARCH. 3. 1861
9. AGE last birthday: 92-11-29 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM BUSHEY
14. MOTHER'S MAIDEN NAME: MARY EWING.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: GEO. M. BUSHEY CAVETOWN WASH. CO. MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio-Rend arteriosclerosis. — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Bronchitis — 3 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1954, to March 2, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 12:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C W Levan M.D. ADDRESS Boonsboro. DATE SIGNED 12/3/54.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF MARCH 4. 1954
NAME OF CEMETERY OR CREMATORY MT. GILEAD CEMETERY
LOCATION (City, town, or county) (State) NEAR HAMSTEAD MD.

DATE REC'D BY LOCAL REGISTRAR March. 3. 1954
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

RECEIVED
MAR 8 1954
BUREAU V. S.

3016

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02997

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1916 VIRGINIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 1916 VIRGINIA AVE.

3. NAME OF DECEASED: (First) MARTHA (Middle) MAY (Last) BLOYER
4. DATE OF DEATH: (Month) MARCH (Day) 18 (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 9/12/1860
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN MOWEN
14. MOTHER'S MAIDEN NAME: LUCY WILLIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MRS. HAZEL BOWMAN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 493 X	(a) General malnutrition	2-4 wks.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pneumonia, r. l. b	1 mo ago.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Myocarditis, arteriosclerotic

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..., 1953 to death, 19..., that I last saw the deceased alive on 3-17, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert J. Keadle MD
ADDRESS Hagerstown
DATE SIGNED 3-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/21/54
NAME OF CEMETERY OR CREMATORY Welsh Run Church of Brethren
LOCATION (City, town, or county) (State) Franklin Co. Pa.
DATE REC'D BY LOCAL REGISTRAR Mar. 19, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. D. Normont, Hagerstown Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Keadle

RECEIVED
MAR 22 1954
BUREAU V. S.

3054

02998

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE
LENGTH OF STAY (In this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROWNSVILLE
STREET ADDRESS (If rural, give location): MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) MARCH (Day) 4 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: FEB-1-1867

9. AGE last birthday: 87-1-3 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FOREMAN OF B.B.

10b. KIND OF BUSINESS OR INDUSTRY: MAINTENANCE DEPT.

11. BIRTHPLACE (State or foreign country): BROWNSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: CORNELIOUS BROWN

14. MOTHER'S MAIDEN NAME: ELLEN KOONTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Miss SARA BROWN BROWNSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Arteriosclerosis — 10 Yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3/54, 19..., to 3/4/54, 19..., that I last saw the deceased alive on 3/3/54, 19..., and that death occurred at 11:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 3/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: MARCH. 8. 1954 | NAME OF CEMETERY OR CREMATORY: ST. LUKES EPISCOPAL CEMETERY | LOCATION (City, town, or county) (State): BROWNSVILLE MD.

DATE REC'D BY LOCAL REG.: 3/6/54 | REGISTRAR'S SIGNATURE: Cornelius H. Castle | 24. FUNERAL DIRECTOR: WM. F. BAST AND SONS | ADDRESS: BOONSBORO MD.

Deputy

RECEIVED
MAR 9 1951
BUREAU V. S.

3055

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02999

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Poplar Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural give location) 2 Poplar Street

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Ina (Last) Carbaugh

4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-30-1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 10 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): McConnellsburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ------ Bloom

14. MOTHER'S MAIDEN NAME: Ina ------

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Miss Carrie M. Carbaugh, Funkstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral Hemorrhage. Interval Between Onset And Death 2-3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis (?) 15-20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1953, to 3/8, 1954, that I last saw the deceased alive on 3/8, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Vivian D Miller (Degree or title) ADDRESS 131 W. WA[illegible] DATE SIGNED 1/9-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3-11-1954

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) McConnellsburg, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 11, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

HAGERSTOWN, MD

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Victor E Miller

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1082 Marshall St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 1082 Marshall St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	Ann	Carbaugh	March 15, 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	June 21, 1869	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own Home	Glausterahire, England	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Lane	Mary Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Mrs. Harry Bowders, Waynesboro, Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute coronary occlusion	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General. ized Vascular arterio sclerosis	5 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or Title)	ADDRESS	DATE SIGNED
H. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	115 N. Potomac Street, Hagerstown, Md.	3-15-54

FINAL DISPOSITION (REMOVAL) (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 17, 1954	Lincoln Memorial Cemetery	Chambersburg, Penna.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 16, 1954	Grace H. Bowers	Andrew K. Coffman	Hagerstown, Md.

VS. A1a.1

3018

03001

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 9 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Route 1
STREET ADDRESS (If rural, give location) Clearview Heights

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) William (Last) Covell

4. DATE OF DEATH: (Month) Mar. (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Sept. 6, 1903

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman-Work Crew

10b. KIND OF BUSINESS OR INDUSTRY: Power Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. L. Covell

14. MOTHER'S MAIDEN NAME: Gertrude Kolb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-8279

17. INFORMANT AND ADDRESS: 1932 Lincoln Ave. Mrs. Margaret E. Kramer - Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 331 X — Interval between onset and death:

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute cerebral hemorrhage — 11hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of lumbar inter-vertebral disc

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCoccur?

none

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. 115 N. Potomac Street, Hagerstown, Md. 3/25/54

~~BURIAL CREMATION REMOVAL~~ (Specify) — DATE THEREOF 3-28-54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick - Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers — 24. FUNERAL DIRECTOR — ADDRESS C. E. Cline & Son - Frederick - Md.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Alverta (Middle) Catherine (Last) Crouse
4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6/21/1869
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Taneytown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from rupture of aneurysm of aorta — 4½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive cardio-vascular disease — About 20 yrs.
(c) Generalized arteriosclerosis — " 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Enteritis, duodenitis. Ventral hernia — 6 days, 15 yrs.

19a. DATE OF OPERATION: 3/10/54
19b. MAJOR FINDINGS OF OPERATION: Richter's hernia of ileum in left obturator foramen
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1954, to 3/14, 1954, that I last saw the deceased alive on 3/14, 1954, and that death occurred at 7:26 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Omar D. Sprecher, Jr. M.D. 314 N. Potomac St. Hagerstown, Md. 3/14/54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: March 16 1954
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: Mar 16 1954
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

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03003

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

Dr Bell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 6
LENGTH OF STAY (in this place) 7 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paramount

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ashington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R # 6
STREET ADDRESS (If rural give location) Paramount

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) SYLVESTER (Last) DETRICH

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Apr 2 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Excavating Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Cashtown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Detrich

14. MOTHER'S MAIDEN NAME: Rachael Fisher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No n
(If Yes, give war or dates of service) _____

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Mildred Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arteriosclerotic Heart Disease. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1954, to Mar. 6, 1954, that I last saw the deceased alive on Mar. 5, 1954, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L A Bell M.D. Hagerstown Md. Mar. 7, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/8/54

NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery

LOCATION (City, town, or county) (State) near Mercersburg Pa.

DATE REC'D BY LOCAL REGISTRAR Mar. 8, 1954

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS

Andrew K. Coffman Hagerstown Md.

RECEIVED
MAR 11 1954
BUREAU V. S.

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03004

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) Life Res.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 429 N. Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
STREET ADDRESS (If rural give location) 429 N. Locust Street

3. NAME OF DECEASED: (Type or Print) (First) Hilda (Middle) Elizabeth (Last) Edwards

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: DEC. 17, 1906
9. AGE last birthday 47 yrs. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Chester C. Knepper
14. MOTHER'S MAIDEN NAME: Florence SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-6425
17. INFORMANT & ADDRESS: Hagerstown, Md. Rufus K. Edwards- 429 N. Locust St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) DUE TO

ANTECEDENT CAUSE (S) (B) acute coronary occlusion — 33 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to 3.27, 1954 that I last saw the deceased alive on 3.26, 1954, and that death occurred at 5:15 A M, from the causes and on the date stated above.

SIGNATURE S. Robert Wells M. D. ADDRESS Hagerstown, Md DATE SIGNED 3.27.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Mar. 30-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 30, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss- Hagerstown, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—1[illegible]53

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APR 2 1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03005

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

LENGTH OF STAY (in this place): 3 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Wash.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown

STREET ADDRESS (If rural give location): 418 N. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Edgar (Last) Ensminger

4. DATE OF DEATH: (Month) 3 (Day) 12 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 28, 1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ship. clerk

10b. KIND OF BUSINESS OR INDUSTRY: Antietam Paper Co

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory Ensminger

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-0953

17. INFORMANT & ADDRESS: Mrs. Virginia Huffman Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 331X

(a) Cerebral Hemorrhage — Interval Between Onset And Death: 5-6 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) arterio-sclerosis — 2-3 years

DUE TO

(c) -?-

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

✓

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): 0 — (CITY OR TOWN) 0 — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) 0 (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1954 to 3/12, 1954, that I last saw the deceased alive on 3/11, 1954, and that death occurred at 12:10 - 3/12 1954 from the causes and on the date stated above.

SIGNATURE (Degree or title): Victor D Miller — ADDRESS: 131 West Washington — Hagerstown Md — DATE SIGNED: 3/12-1954

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 3-15-54 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 15, 1954 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 38 YRS. MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1310 SALEM AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 1710 SALEM AVE.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) MATILDA (Last) EVANS

4. DATE OF DEATH: (Month) MARCH (Day) 10 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 1/23/1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID F. KAUFFMAN

14. MOTHER'S MAIDEN NAME: SARAH JANE PENTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MR. CHAS. L. EVANS HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 332 X (a) generalized arteriosclerosis(vascular) — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) cerebral thrombosis — 20 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1950, to 3/10'54, 19....., that I last saw the deceased alive on 3/6'54, 19....., and that death occurred at 2:30 A., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Robert Wells M.D. ADDRESS Hagerstown, Md. DATE SIGNED March 12'54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/12/54 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 12 1954 REGISTRAR'S SIGNATURE Chas. H. Powers

24. FUNERAL DIRECTOR W. J. Norkett ADDRESS Hagerstown Md.

BUREAU V. S.

3023

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03007

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown, rural
STREET ADDRESS (If rural give location): RFD. #2

3. NAME OF DECEASED: (First) Edwin (Middle) Wishard (Last) Flegel
4. DATE OF DEATH: (Month) March (Day) 4 (Year) 19 54
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 28, 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: wood worker
10b. KIND OF BUSINESS OR INDUSTRY: sand blasting Co.
11. BIRTHPLACE (State or foreign country): Leitersburg, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry C. Flegel
14. MOTHER'S MAIDEN NAME: Laura Wishard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-5918
17. INFORMANT & ADDRESS: Mrs. Margaret Flegel, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 334X (a) Cerebral Apoplexy — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/54, 19..., to 3/4/54, 19..., that I last saw the deceased alive on 3/4/54, 19..., and that death occurred at 4:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title): C. F. Young M.D. ADDRESS: Williamsport Md. DATE SIGNED: 3/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 3-7-54
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 7. 1954
REGISTRAR'S SIGNATURE: Chas. A. Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Hagerstown
ADDRESS

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1

CERTIFICATE OF DEATH

Reg. Dist. No. 2-1

1. PLACE OF DEATH:
COUNTY Washington
(If outside corporate limits, write RURAL and give nearest town)
Williamsport 5 Mos
HOSPITAL OR INSTITUTION OR PRIVATE ADDRESS Hartle Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
Maryland Washington
COUNTY
(If outside corporate limits, write RURAL and give nearest town)
Williamsport R # 1
STREET (If rural, give location)
Downsville Pike

3. NAME OF DECEASED: (First) (Middle) (Last)
Type or Print: EMORY OSCAR FLOOK

4. DATE OF DEATH: (Month) (Day) (Year)
March 23 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower
8. DATE OF BIRTH: Oct 10 1878
9. AGE last birthday: IF UNDER 1 YEAR months / Days / IF UNDER 24 HRS. Hours / Min.: 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -owner
10b. KIND OF BUSINESS OR INDUSTRY: Reti red
11. BIRTHPLACE (State or foreign country): Middletown, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Flook
14. MOTHER'S MAIDEN NAME: Laura Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ralph Flook Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarction	8 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senility, Cerebral Vascular Accident Arteriosclerosis

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 March 19 54 to 23 March 19 54, that I last saw the deceased alive on 23 March 19 54, and that death occurred at 9:28 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Paul Haak M.D. Williamsport, Maryland 23 March 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-26-54
NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery
LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REG. Mar. 26, 1954
REGISTRAR'S SIGNATURE C. Lee McElroy
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. Any item not correct or not known should be so stated. Cause of death (clear and legible) age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hocklander

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 7 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 24 Cypress St.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) MITCHELL (Last) FOCKLER

4. DATE OF DEATH: (Month) (Day) (Year) March 16 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept 6 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: self Employed
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry L. Fockler
14. MOTHER'S MAIDEN NAME: Ella Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY NO.: 216-09-4820
17. INFORMANT & ADDRESS: Mrs Mary Keedy Fockler

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary thrombosis — Interval Between Onset And Death: 20 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary insufficiency — 3 yrs.

DUE TO

(c) hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1942, to 16 March, 1954, that I last saw the deceased alive on 16 March, 1954, and that death occurred at 11:17 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon H. Voelkle MD
ADDRESS Hagerstown
DATE SIGNED 3/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-19-54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 18, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO
LENGTH OF STAY (In this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Paul St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND. COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO
STREET ADDRESS (If rural, give location): ST. PAUL ST.

3. NAME OF DECEASED (Type or Print): (First) MARY - (Middle) MAMIE - (Last) FORD.

4. DATE OF DEATH: (Month) MARCH. (Day) 18. (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JANUARY-18-1874

9. AGE last birthday: 80-2-0 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER.

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BOONSBORO WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSHUA - FORD

14. MOTHER'S MAIDEN NAME: MARY. BRISH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Miss EVA FORD BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
442X
Immediate cause (a) Cardio Renal arteriosclerosis — Interval Between Onset and Death: 5 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1., 1954., to March 18, 1954., that I last saw the deceased alive on March 18, 1954, and that death occurred at 7.20 P. m., from the causes and on the date stated above.

SIGNATURE: W. W. Dillon (Degree or title) M.D. ADDRESS: Boonsboro — DATE SIGNED: 3/20/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: MARCH. 21-1954
NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY
LOCATION (City, town, or county) (State): BOONSBORO WASH. Co. MD

DATE REC'D BY LOCAL REG.: March. 20. 1954
REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR: WM. E. BAST AND SONS
ADDRESS: BOONSBORO MD.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03011

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 13 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 533 Frederick Street

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Virginia (Last) Fox

4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 15, 1877

9. AGE Last birthday: 77 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James D. Bragunier

14. MOTHER'S MAIDEN NAME: Elizabeth Hose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Mrs. Raymond Bew Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 170X Carcinoma Breast — Interval Between Onset And Death: 9 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) & Metastasis to Lung

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-54, to 3-13-54, that I last saw the deceased alive on 3-12-54, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE A. W. Dill (Degree or title)

ADDRESS Hagerstown Md.

DATE SIGNED 3/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Mar. 15-54

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 15, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hag. Md.

03012

STATE DEPARTMETT OF HEALTH

MARYLAND

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BEAVER CREEK
LENGTH OF STAY (In this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HAGERSTOWN MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BEAVER CREEK
STREET ADDRESS (If rural, give location): HAGERSTOWN MD. R.1

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) SAMUEL GANTZ (Last) HARTLE

4. DATE OF DEATH: (Month) MARCH - (Day) 6 - (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 9 - 1888

9. AGE last birthday: 65-4-27 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): LEITERSBURG WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE S. HARTLE

14. MOTHER'S MAIDEN NAME: MARY GANTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-24-3411

17. INFORMANT AND ADDRESS: MRS. EDNA HARTLE HAGERSTOWN R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary Thrombosis — Interval between onset and death: 5-10 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Arteriosclerotic heart disease — indef.

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Diabetes mellitus — indef.

260X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1951, to ..., 19..., that I last saw the deceased alive on Dec ..., 1953, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE: Robert T. Leadle MD (Degree or title) ADDRESS: Hagerstown DATE SIGNED: 3-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: MARCH. 9. 1954 — NAME OF CEMETERY OR CREMATORY: BEAVER CREEK CEMETERY — LOCATION (City, town, or county) (State): BEAVER CREEK MD.

DATE REC'D BY LOCAL REG: March. 9. 1954

REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

MARGIN RESERVED FOR BINDING

DR KEADLE 318 N. Potomac St 3059

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MAR 11 1954
BUREAU V. S.

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Dr Wells 03013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 16 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 Guilford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 420 Guilford Ave

3. NAME OF DECEASED: (Type or Print) (First) CARROLL (Middle) WINTON (Last) HOOVER
4. DATE OF DEATH (Month) March (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Mar 21 1917
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY: H.G. Hoover Plumbing Co
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry G. Hoover
14. MOTHER'S MAIDEN NAME: Foleda Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO.: 212-12-2215
17. INFORMANT & ADDRESS: Mrs Rose Mary Hoover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) acute coronary occlusion — Interval Between Onset and Death: 20 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. Robert Wells M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 3-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3/4/54
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Mar. 3 1954
REGISTRAR'S SIGNATURE Dwight Beavers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03914

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1307 The Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1307 The Terrace

3. NAME OF DECEASED: (Type or Print) (First) Missouri (Middle) Belle (Last) Hurst

4. DATE OF DEATH: (Month) Mar. (Day) 1 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9-20-1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months 5 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Barbersville, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Jones

14. MOTHER'S MAIDEN NAME: Mary Bolton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: David C. Hurst

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Inanition — Interval Between Onset And Death: 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerosis — Yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ..., 1953, to Mar. 1, 1954, that I last saw the deceased alive on Mar 1 ..., 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clyde A. Hoffman M.D. 214 N. Potomac St. Hagerstown, Md. 3/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 3-3-1954
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Mar. 2, 1954
REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. L. Suter & Sons, Hagerstown, Maryland
ADDRESS

RECEIVED
MAR 4 1914
BUREAU V. S.

3060

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03015

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg | LENGTH OF STAY (in this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Franklin (Last) Hutson

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 4 1877

9. AGE last birthday: 76 yrs. | IF UNDER 1 YEAR Months 3 Days 24 | IF UNDER 24 HRS. Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life: Labor Stone Quarry

10b. KIND OF BUSINESS OR INDUSTRY: Stone Quarry

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hutson

14. MOTHER'S MAIDEN NAME: Mary C. Lopp

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Alvirta Bender Sharpsburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 153X (a) Carcinoma of the Cecum — Interval Between Onset And Death 18 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to March 1, 1954 that I last saw the deceased alive on Feb. 28, 1954 and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Shirley M.D. | ADDRESS Sharpsburg, Md. | DATE SIGNED March 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF March 3 1954 | NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | LOCATION (City, town, or county) (State) Sharpsburg Maryland

DATE REC'D BY LOCAL REGISTRAR 3-3-54 | REGISTRAR'S SIGNATURE Ellsworth Boyer

24. FUNERAL DIRECTOR ADDRESS Albert L Leaf Williamsport Md.

RECEIVED
APR 8 1954
BUREAU V. S.

3061

03016

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (In this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R # 2 Hancock, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location) R # 2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Albert (Last) Johnson
4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 9, 1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Self	Fulton County, Pa.	USA

13. FATHER'S NAME: Winfield Johnson
14. MOTHER'S MAIDEN NAME: Susanne Pitman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	World War I	213-12-7446	Mrs. Ethel Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X

Immediate cause (a) Gun Shot through mouth into cranium (22 calibre rifle) — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Hancock — (COUNTY) Washington — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 5 -54 10:30PM — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot self with 22 calibre rifle

22. *I certify that I took charge of this remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: S. Rollen Wells M.D. — (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD — ADDRESS: 115 N. Potomac St. Hagerstown, Md — DATE SIGNED: 3-8-54

BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3.8.54	Damascus Cemetery	Hancock Washington MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/9/54	J. A. Heller	Howard J. Lions	Hancock Md.

RECEIVED
MAR 12 1954
BUREAU V. S.

3062

03017

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halfway Md.
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2219 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halfway Maryland
STREET ADDRESS (If rural give location) 2219 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) Elizabeth (Last) Kaplan

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 12 1913

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months 8 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hosiery Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Hosiery Mill

11. BIRTHPLACE (State or foreign country): Near Wilson Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Mowen Sr.

14. MOTHER'S MAIDEN NAME: Marth Elizabeth Bartles

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 214-09-4647

17. INFORMANT & ADDRESS: 2219 Va. Ave. Mr. William Kaplan Halfway Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 170 X (a) Metastatic Carcinoma - lungs. — Interval Between Onset And Death 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma - Breast — 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to March 3, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 5 30 Am, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hoggstown Md DATE SIGNED 3/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF March 6 1954

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Mar 5, 1954

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Mr. Albert Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1954
BUREAU V. S.

3028

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03018

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 205 E. Hillcrest Rd.

3. NAME OF DECEASED: (Type or Print) (First) Carmen (Middle) M (Last) Kephart
4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: March 3, 1890
9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): foreman
10b. KIND OF BUSINESS OR INDUSTRY: 7 up Bottling Co.
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Carlton Kephart
14. MOTHER'S MAIDEN NAME: Elizabeth Warrenfletz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-8410
17. INFORMANT & ADDRESS: Mrs. Henrietta Kephart Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151X
Immediate cause (a) Generalized Carcinomatosis — 6 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Stomach — 2 years.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1954, to March 24, 1954, that I last saw the deceased alive on March 24, 1954, and that death occurred at 11:07 AM., from the causes and on the date stated above.

SIGNATURE George Jennings MD (Degree or title) — ADDRESS Hagerstown, Md. — DATE SIGNED 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-27-54 — NAME OF CEMETERY OR CREMATORY Rest Haven — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar 26 1954 — REGISTRAR'S SIGNATURE Chas. H. Powers

24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS Hagerstown, Md.

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

3029

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03019

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md.
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland
STREET ADDRESS (If rural give location) 121 W. Bethel Street

3. NAME OF DECEASED: (Type or Print) (First) Shirley (Middle) Ann (Last) King

4. DATE OF DEATH: (Month) 3 (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 23 1941
9. AGE last birthday: 12 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: William Lee King
14. MOTHER'S MAIDEN NAME: Charlotte Lucas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Charlotte King 121 W. Bethel St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 78.2 (a) Convulsions due to unknown cause — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) (We got a complete autopsy, but still could not find cause of convulsions)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) N
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 March, 1954, to 6 Mar, 1954, that I last saw the deceased alive on 6 Mar, 1954, and that death occurred at 7:00 PM, from the causes and on the date stated above.
SIGNATURE F F Lusby (Degree or title) MD. ADDRESS 230 N Potomac DATE SIGNED 8 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-10-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar 10, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 19
BUREAU V

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 25YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1072 S. POTOMAC ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 1072 S. POTOMAC ST.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) VINTON (Last) KNODE
4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 19 54
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/3/1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) RETIRED CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DAVID KNODE
14. MOTHER'S MAIDEN NAME: MARY ELLEN MYERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-05-6312
17. INFORMANT & ADDRESS: MISS MILDRED KNODE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
570.2
Immediate cause (a) acute mesenteric thrombosis & shock
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)
Interval Between Onset And Death: 6hrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blind

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19 39, to 3/17/54, 19 ., that I last saw the deceased alive on 3/17/54 19 ., and that death occurred at 11 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) S. Robert Mellott M.D.
ADDRESS
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/20/54
NAME OF CEMETERY OR CREMATORY Mountain View Cem.
LOCATION (City, town, or county) (State) Hagerstown, Washington Co. Md.
DATE REC'D BY LOCAL REGISTRAR Mar. 19 1954
REGISTRAR'S SIGNATURE Hiatt Bowers
24. FUNERAL DIRECTOR W. J. Norment
ADDRESS Hagerstown, Md.

RECEIVED
MAR 22
BUREAU V. S.

3031

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03021

CERTIFICATE OF DEATH

Dr Welty

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 40 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 216 East Antietam St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 216 East Antietam St.

3. NAME OF DECEASED: (Type or Print) (First) AMANDA (Middle) SUSAN (Last) MAISACK

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 22 1867

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West BrownsvilleMd

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William West

14. MOTHER'S MAIDEN NAME: Mary Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Donald W. Maisack

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 334X — (a) Cerebral Arteriosclerosis & Mental Deterioration — Interval Between Onset And Death: 7 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis & Left Hemiparesis — 7 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1947, to 3-17, 1954, that I last saw the deceased alive on 3-17, 1954, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Clinton Welty, M.D. — ADDRESS: Hagerstown — DATE SIGNED: 3-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/18/54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 1 1954 — REGISTRAR'S SIGNATURE: Chas. H. Rogers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

RECEIVED
MAR 10 1954
BUREAU V. S.

3063

03022

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TREGO
MARYLAND
LENGTH OF STAY (in this place): 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KEEDYSVILLE MD. R-1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TREGO - RURAL.
STREET ADDRESS (If rural, give location): KEEDYSVILLE MD. R-1.

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) (Last) MARKLEY

4. DATE OF DEATH: (Month) MARCH (Day) 9. (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: ABOUT -1881-

9. AGE last birthday: 73 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): NO RECORD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NO RECORD

14. MOTHER'S MAIDEN NAME: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: WASH. Co. WELFARE BOARD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 442.X Cardio - Renal arteriosclerosis — Interval between onset and death: 8 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1954, to March 9, 1954, that I last saw the deceased alive on March 9, 1954, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE: Gulban M.D. (Degree or title) ADDRESS: Boonsboro - DATE SIGNED: 3/9/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: MARCH 10 1954

NAME OF CEMETERY OR CREMATORY: WASH. Co. HOME

LOCATION (City, town, or county) (State): HAGERSTOWN MD.

DATE REC'D BY LOCAL REG.: March 9. 1954

REGISTRAR'S SIGNATURE: Miss Katherine Dagenhart

24. FUNERAL DIRECTOR: WM. E. BAST AND SONS BOONSBORO MD.

ADDRESS

RECEIVED
MAR 11 1954
BUREAU V. S.

3032

D.R. WELLS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03023

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (In this place) 16 HRS.; HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN YARROW-BOR &.; STREET ADDRESS (If rural, give location) KNOXVILLE MD. R.1

3. NAME OF DECEASED (Type or Print): (First) LARRY - (Middle) RANDOLPH - (Last) MARTIN

4. DATE OF DEATH: (Month) MARCH - (Day) 19. (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE

8. DATE OF BIRTH: AUG. 3 - 1941

9. AGE last birthday: 12-7-16 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: AT SCHOOL

11. BIRTHPLACE (State or foreign country): BRUNSWICK - FRED. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELLWOOD A MARTIN

14. MOTHER'S MAIDEN NAME: ANNA LEE POTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ND | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: ELLWOOD A. MARTIN KNOXVILLE MD. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Six

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured (closed) skull and shock — Interval Between Onset and Death: 17hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Boonsboro, (COUNTY) Wash. Co. Md. (STATE) (St. at High school)

TIME (Month) (Day) (Year) (Hour) OF INJURY: 3-18-54 1:30 P m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Ran between parked cars & struck by Auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS: Hagerstown, Md. DATE SIGNED: 3-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: MARCH 21 1954 | NAME OF CEMETERY OR CREMATORY: HURCH OF THE BRETHREN CEMETERY | LOCATION (City, town, or county) (State): BK. WNSVILLE MD

DATE REC'D BY LOCAL REG.: MAR. 20, 1954 | REGISTRAR'S SIGNATURE: by Hazel Brewer

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS | ADDRESS: BOONSBORO MD

BERNAD V. S.

BAST

3064 198 03024

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: INDIAN SPRINGS X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 40 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASH
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: INDIAN SPRINGS X
STREET ADDRESS (If rural give location): ROUTE 40

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM S. (Middle) Mc (Last) ALLISTER

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday: Years	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	WIDOWER	March 31, 1888	65 YEARS				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Woodworking	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES A Mc ALLISTER	ISABELLA WISE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	219-05-9921	Newton E. McAllister- Big Pool, R D Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause — (a) Carcinoma of Hepatic Flex of Colon — Interval Between Onset And Death: Indefinite

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO — (b) Metastasis

DUE TO — (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ....., 1953, to March 19, 1953, that I last saw the deceased alive on 3/19/53 19....., and that death occurred at Home ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 3/22/54 — NAME OF CEMETERY OR CREMATORY: ST. PAULS CEMETERY — LOCATION (City, town, or county) (State): CLEAR SPRING MD.

DATE REC'D BY LOCAL REGISTRAR: March 20 54 — REGISTRAR'S SIGNATURE: Josephine Murray — 24. FUNERAL DIRECTOR: ADRIAN H. ROWLAND — ADDRESS: CLEAR SPRING MD.

VS. A15

RECEIVED
MAR 25 1954
BUREAU V. S.

3033

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03025

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 46 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 John St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 129 John St.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Jane (Last) McConnell

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 5, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Near Mercersburg Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adam Fisher
14. MOTHER'S MAIDEN NAME: Rebecca Easton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: D. Roszel McConnell Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 421.4 (a) Chronic Endo Carditis — Interval Between Onset And Death ?1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatoid arth — 8-10 years?
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1954, to 3/28, 1954, that I last saw the deceased alive on 3/26, 1954, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Vertin D Miller (Degree or title) 131 W. Washington St ADDRESS Hagerstown Md DATE SIGNED 3/29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 30-54
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Mercersburg Pa.

DATE REC'D BY LOCAL REGISTRAR Mar. 30, 1954
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

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APR 2 1974
BUREAU V. S.

3065

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03926

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Maryland.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Susanne (Middle) (Last) McKalvey

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9.19.71

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 5 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Washinton County MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William McKalvey

14. MOTHER'S MAIDEN NAME: Nagery Noble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Hays Roberts Hancock Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Atherosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemmorhage

DUE TO

(c)

Interval Between Onset And Death: 7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 47 to March 13, 19 54, that I last saw the deceased alive on 3/12/54, 19..., and that death occurred at 2 am..., from the causes and on the date stated above.

SIGNATURE (Degree or title) H E Stabler M.D. ADDRESS Hancock Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3.15.54 NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery LOCATION (City, town, or county) (State) Hancock Maryland Washington

DATE REC'D BY LOCAL REGISTRAR 3/15/54 REGISTRAR'S SIGNATURE H E Keller

24. FUNERAL DIRECTOR Howard F Stone ADDRESS Hancock Md

RECEIVED
~ 1934
BUREAU V. S.

3066

03027

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown R # 2 — LENGTH OF STAY (in this place): 4 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Convalescent Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Ohio — COUNTY: Summit
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Akron 72 X
STREET ADDRESS (If rural give location): 1478 Aokwood Ave

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BARBARA (Last) McKIBBIN
4. DATE OF DEATH: (Month) (Day) (Year) Mar 27 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: May 11 1873
9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Atlanta Ga.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Capt. George L. Fisher
14. MOTHER'S MAIDEN NAME: Margaret Hanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (if Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Clyde L. Barnhart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

260 X IMMEDIATE CAUSE — (A) Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 7 Yr.

ANTECEDENT CAUSE (S) — DUE TO (B) Chronic Diabetes — 9 Yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1954, to Mar. 26, 1954, that I last saw the deceased alive on Mar. 26, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE: W. D. Campbell M. D. — ADDRESS — DATE SIGNED: Mar. 29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 3-30-53 — NAME OF CEMETERY OR CREMATORY: Methodist Cemetery — LOCATION (City, town, or county) (State): Buck Valley Fulton Co

DATE REC'D BY LOCAL REGISTRAR: Mar. 30, 1954 — REGISTRAR'S SIGNATURE: J. W. Murray
24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 1[illegible]-53

Recd 4/8/54

Welty

3067

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03025

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural R 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) Rural Rl

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Earl (Last) Merrill

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 7, 1909

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): sheet metal

10b. KIND OF BUSINESS OR INDUSTRY: Fairchilds

11. BIRTHPLACE (State or foreign country): Midland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Merrill

14. MOTHER'S MAIDEN NAME: Myrtle Crawford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-07-6895

17. INFORMANT & ADDRESS: Mrs. Edna Merrill Hagerstown, Md. Rl

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Myocardial Infarction — 3 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerotic Heart Disease — 4 months
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease c Mitral Stenosis & Insufficiency

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2-54, 19..., to 3-10, 19 54, that I last saw the deceased alive on 3-10, 19 54, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE: Dalton M Welty (Degree or title) M. D. — ADDRESS: Hagerstown — DATE SIGNED: 3-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-13-54 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: MAR 12 1954 — REGISTRAR'S SIGNATURE: Ernest Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

VS. A15

RECEIVED
1954
BUREAU V. S.

3068

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0302

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 4 yrs. 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 N. Artigan St., Williamsport

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jerome (Middle) (None) (Last) Mose
4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: April 5, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Boatman
10b. KIND OF BUSINESS OR INDUSTRY: C&O Canal
11. BIRTHPLACE (State or foreign country): Sharpsburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Daniel Mose
14. MOTHER'S MAIDEN NAME: Mary E. Pennel
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Genevieve Seltzman MARTINSBURG W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X
Immediate cause (a) Cardio-Vascular-Renal disease
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to March 2, 1954, that I last saw the deceased alive on March 1, 1954, and that death occurred at 11 AM, from the causes and on the date stated above.
SIGNATURE Walter H. Shady (Degree or title) M.D. ADDRESS Sharpsburg, Md DATE SIGNED March 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF March 5, 1954
NAME OF CEMETERY OR CREMATORY Mt. Vic Cemetery
LOCATION (City, town, or county) Sharpsburg, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR March 4-1954
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR ALBERT L. LEAF ADDRESS Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1954
BUREAU V. S.

Film#G162 Item# 2 3/11/54 emf

3034

03030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co.Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Hagerstown~~ Mapelville
STREET ADDRESS (If rural give location) ~~Gateway Conv. Home~~

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Moser

4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: APRIL 14 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. Shoe Cutter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mapleville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezra Moser

14. MOTHER'S MAIDEN NAME: Rosa Ann Wallick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217-09-9938 ~~NONE~~

17. INFORMANT & ADDRESS: Joshua E. Moser, Mapleville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X
Immediate cause (a) Pneumonia bronchs — Interval Between Onset And Death: 2 wks.

DUE TO and Malnutrition

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — 1 wk.

DUE TO

260X (c) Diabetes mellitus, mild — indef

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis, arteriosclerotic — indef

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1948, to death 19, that I last saw the deceased alive on 3-1, 1954, and that death occurred at 5 15 A.M., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MP — ADDRESS Hagerstown — DATE SIGNED 3-3-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-4-1954 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Mar. 4. 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 8 1954
BUREAU V. S.

3069

03031

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Robt Campbell

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
LENGTH OF STAY (in this place) 75 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithsburg- Waynesboro Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Smithsburg
STREET ADDRESS (If rural give location) Smithsburg-Waynesboro Road

3. NAME OF DECEASED: (Type or Print) (First) LEAH (Middle) BLANCHE (Last) NEWCOMER

4. DATE OF DEATH: (Month) (Day) (Year) March 14 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr 24 1878

9. AGE last birthday: 75 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Smithsburg Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Newcomer

14. MOTHER'S MAIDEN NAME: Sarah S. Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) -------

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Luther B. Newcomer Smithsburg Md. R # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: 2 yr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1954, to Mar 14, 1954, that I last saw the deceased alive on Mar 12, 1954, and that death occurred at 12:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Campbell MD ADDRESS Hagerstown Md DATE SIGNED 3/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/17/54
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Veitersburg Md

DATE REC'D BY LOCAL REGISTRAR Mar. 19, 1954
REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

Mar 16-54

VS. A15

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1954
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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03032

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 12 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEAR SPRING R 1,
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL	STREET ADDRESS (If rural, give location) NEAR CLEAR SPRING,

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) WASHINGTON (Last) PARSLEY

4. DATE OF DEATH: (Month) MARCH (Day) 4 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: Feb 10 - 1884

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): m

10b. KIND OF BUSINESS OR INDUSTRY: m

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William W Parsly

14. MOTHER'S MAIDEN NAME: Catherine C Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): m

16. SOCIAL SECURITY No.:

17. INFORMANT: Carlton Parsly Clearspring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION DUE TO CORONARY OCCLUSION — 12 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE HEART DISEASE — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 21, 1954, to MARCH 4, 1954, that I last saw the deceased alive on MARCH 4, 1954, and that death occurred at 1-40 P.m., from the causes and on the date stated above.

SIGNATURE: Archie Robert Cohen (Degree or title) M.D. — ADDRESS: CLEAR SPRING, MARYLAND — DATE SIGNED: MARCH 4, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 6 '54 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: Mar. 8, 1954 — REGISTRAR'S SIGNATURE: Chas H Bowers — 24. FUNERAL DIRECTOR: Ray W Barber — ADDRESS: Laytonsville Md

*Reed from Gertrude B. Hawker Olney, Md. Loc. Reg.

RECEIVED
MAR 11 1954
BUREAU V. S.

3036 M

DR LEVAN

03033

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 2 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE VIRGINIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALEXANDRIA
STREET ADDRESS (If rural, give location) 564 E. NELSON AVE.

3. NAME OF DECEASED (Type or Print) (First) JESSE (Middle) WILMER (Last) PRESTON

4. DATE OF DEATH (Month) MARCH (Day) 13 (Year) 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH Sept. 28, 1890

9. AGE last birthday 63 yrs. If under 1 year Months. If under 24 hrs. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICK LAYER

10b. KIND OF BUSINESS OR INDUSTRY HOME CONSTRUCTION

11. BIRTHPLACE (State or foreign country) PHILADELPHIA PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN PRESTON

14. MOTHER'S MAIDEN NAME IDA YOUNGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.

16. SOCIAL SECURITY NO. 214-09-9191

17. INFORMANT AND ADDRESS MRS. CECIL M. PRESTON 564 E. NELSON AVE ALEXANDRIA VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 36 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1954, to March 13, 1954, that I last saw the deceased alive on March 13, 1954, and that death occurred at 3.15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 3/15/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE MAR. 17. 1954

NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEMETERY

LOCATION (City, town, or county) SHARPSBURG WASH. CO. MD. (State)

DATE REC'D BY LOCAL REG. Mar. 16, 1954

REGISTRAR'S SIGNATURE Chas. A. Bowers

24. FUNERAL DIRECTOR WM. F. BAST AND SONS

ADDRESS BOONSBORO MD

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 13 1954
BUREAU OF

3070

03034

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonesboro
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) N. Bentz Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) O. (Last) Rau
4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-31-1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Banker
10b. KIND OF BUSINESS OR INDUSTRY: Bank
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rudolph Rau
14. MOTHER'S MAIDEN NAME: Mina ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Minnie Rau Silversprings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio-renal arteriosclerosis — Interval Between Onset And Death: 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Terminal pneumonia — 5 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1954, to March 24, 1954, that I last saw the deceased alive on March 24, 1954, and that death occurred at 9.30 A.M. from the causes and on the date stated above.

SIGNATURE G. W. LeVan (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 3/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-26-54
NAME OF CEMETERY OR CREMATORY St. Peters
LOCATION (City, town, or county) (State) Harpers Ferry W Va.

DATE REC'D BY LOCAL REGISTRAR March 25 1954
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR C. H. Feele + Bro ADDRESS Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1954
BUREAU V. S.

3037

928 Mulberry Ave

03035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital	STREET ADDRESS (If rural, give location): Route 6

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): William Clarence Reeder			4. DATE OF DEATH (Month) (Day) (Year): March 27 1954		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH: 9-7-1882	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM		11. BIRTHPLACE (State or foreign country): LOCUST GROVE WASH. CO. MD.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: JOHN REEDER			14. MOTHER'S MAIDEN NAME: MALINDA DICK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of [redacted])	16. SOCIAL SECURITY NO.: NONE		17. INFORMANT AND ADDRESS: MRS. WOODROW JONES BOONSBORO MD. R.2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease c̄ aortic stenosis & auricular fibrillation	Unknown
	(c) Diabetes mellitus	1 yr (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1954, to 3/27, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at 230 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H Hombeker M.D.		Hagerstown Md	3/27/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE THEREOF: MARCH 30, 1954	NAME OF CEMETERY OR CREMATORY: LOCUST GROVE CEMETERY	LOCATION (City, town, or county) (State): LOCUST GROVE MD.
DATE REC'D BY LOCAL REG.: Mar. 29, 1954	REGISTRAR'S SIGNATURE: Chas H Bowers	24. FUNERAL DIRECTOR: WM. F. BAST AND SONS	ADDRESS: BOONSBORO MD

VS. A15

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03036

Dr Robt Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS W'sh. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 236 Bryan Place

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) CLEVELAND (Last) REYNOLDS

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 30 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Never "retired") Scale Operator

10b. KIND OF BUSINESS OR INDUSTRY: No Amer Cement Corp

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Reynolds

14. MOTHER'S MAIDEN NAME: Sarah Foltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-0518

17. INFORMANT & ADDRESS: Mrs Florence Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 3 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Anteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephrosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 46, to 3/19 ..., 19 54, that I last saw the deceased alive on 3/19, 19 54 and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Campbell M.D. ADDRESS Hagerstown Md DATE SIGNED 3/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3-22-54 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 22, 1954 | REGISTRAR'S SIGNATURE Chas. H. Boevers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 237 E. Irvin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lorena (Middle) Maddox (Last) Robinson
4. DATE OF DEATH: (Month) (Day) (Year) March 24 1954

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Feb. 6, 1909
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Front Royal, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest E. Maddox
14. MOTHER'S MAIDEN NAME: Anna Mary Grove

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Roger C. Robinson, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset And Death 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio

DUE TO (c) Vascular Disease — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1934, 19....., to 2/24/54; 19....., that I last saw the deceased alive on 3/24, 1954, and that death occurred at 3.50 AM, from the causes and on the date stated above.

SIGNATURE S. E. Hoey (Degree or title) MD ADDRESS Hagerstown DATE SIGNED Mch 3/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 3-27-54
NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 27, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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DR. LE VAN

MARGIN RESERVED FOR BINDING

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GAPLAND - RURAL
LENGTH OF STAY (in this place): 40 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GAPLAND MD. R.I.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND. COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: GAPLAND - RURAL
STREET ADDRESS (If rural, give location): GAPLAND MD. R.I.

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) F (Last) ROHRBACK

4. DATE OF DEATH: (Month) MARCH (Day) 14 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED.

8. DATE OF BIRTH: FEB. 18-1872

9. AGE last birthday: 82-0-26 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): NEAR MIDDLETOWN FRED. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NO RECORD

14. MOTHER'S MAIDEN NAME: NO RECORD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: CHARLES C. ROHRBACK GAPLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cardio - Renal arteriosclerosis — Interval Between Onset and Death: 3 yrs

442 X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14 '54, 19..., to March 14, 1954, that I last saw the deceased alive on March 14, 1954, and that death occurred at 5.15 P. m., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (Degree or title) ADDRESS: Boonsboro DATE SIGNED: 3/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: MARCH 18 1954 | NAME OF CEMETERY OR CREMATORY: LOCUST VALLEY CEMETERY. | LOCATION (City, town, or county) (State): BURKETTSVILLE MD.

DATE REC'D BY LOCAL REG.: March 16 54 | REGISTRAR'S SIGNATURE: Katherine L Agenbroad | 24. FUNERAL DIRECTOR: WM. F. BAST AND SONS | ADDRESS: BOONSBORO MD

J.S.K.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Smithsburg
STREET ADDRESS (If rural, give location) Smithsburg Md. R.F.D #2

3. NAME OF DECEASED (Type or Print) (~~First~~) Last Seifert (Middle) Ct (~~Last~~) First Clarence

4. DATE OF DEATH (Month) march (Day) 21 (Year) 1954

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH June 25, 1899

9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orchardist

10b. KIND OF BUSINESS OR INDUSTRY Labor

11. BIRTHPLACE (State or foreign country) Smithsburg Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John D. Seifert

14. MOTHER'S MAIDEN NAME Harriet E. Currens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 218-03-2536

17. INFORMANT AND ADDRESS John D. Seifert, Smithsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X

Immediate cause (a) Carcinoma of larynx, pharynx & esophagus. — Interval Between Onset and Death: 8 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Inanition - acidosis. — 3 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1954, to 3/21, 1954, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 8 50 A. m., from the causes and on the date stated above.

SIGNATURE Hugo A. Sacchet (Degree or title) M.D. ADDRESS 151 W. Washington St DATE SIGNED 3/21/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/24/54

NAME OF CEMETERY OR CREMATORY Harboughs

LOCATION (City, town, or county) (State) Smithsburg R.F.D #2

DATE REC'D BY LOCAL REG. Mar. 22 1954

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Walter Y Grove, Waynesboro Pa.

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MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 302

DR. WELLS

M

I

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN - RURAL
LENGTH OF STAY (In this place): 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HAGERSTOWN - MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN - RURAL
STREET ADDRESS (If rural, give location): HAGERSTOWN MD. R-1.

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) L (Last) SHANK

4. DATE OF DEATH: (Month) MARCH. 10. (Day) (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 24-1883

9. AGE last birthday: 70-3-16 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME.

11. BIRTHPLACE (State or foreign country): MYERSVILLE FRED. Co. MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: MARION BRANDENBURG

14. MOTHER'S MAIDEN NAME: LAURA ROUTZAHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS. JOHN E. KLOCK HAGERSTOWN MD. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

35 IX

Immediate cause (a): Paralysis Agitans — Interval Between Onset and Death: 10yrs

Antecedent cause(s): acute myocardial failure(ventricular) — 20hrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fractured femur

19a. DATE OF OPERATION: Nov. 28 '53

19b. MAJOR FINDINGS OF OPERATION: Pinning operation for fracture neck of femur

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1944, to 3-10, 1954, that I last saw the deceased alive on 3-9, 1954, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE: J. Robert Wells M.D. (Degree or title) ADDRESS: DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: MARCH. 13. 1954 — NAME OF CEMETERY OR CREMATORY: REFORMED CEMETERY — LOCATION (City, town, or county) (State): MIDDLETOWN FRED. Co. MD.

DATE REC'D BY LOCAL REG.: Mar. 12. 1954

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: W.M. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

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MAR 16 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Brewer

03041

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 24 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. county Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Springs R # 1
STREET ADDRESS (If rural give location): Fairview

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOUISE (Last) SHANK

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 25 1902

9. AGE Last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Clear Springs Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel R Sohnebley

14. MOTHER'S MAIDEN NAME: Florence Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): ------

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Clifton Shank

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterine Fibroid — 20 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6, 1954, to Mar 7, 1954, that I last saw the deceased alive on Mar 7, 1954, and that death occurred at 12 N., from the causes and on the date stated above.

SIGNATURE, (Degree or title): David R Brewer M.D. — ADDRESS: Clear Spring Md — DATE SIGNED: 3/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/9/54 — NAME OF CEMETERY OR CREMATORY: St Pauls Cemetery — LOCATION (City, town, or county) (State): near Clear Springs Md

DATE REC'D BY LOCAL REGISTRAR: Mar 9 1954 — REGISTRAR'S SIGNATURE: Chas H Bowers — 24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302-

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 108 E. Baltimore St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Otto (Last) Smith

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 1954

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Aug. 22, 1877

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired conductor

10b. KIND OF BUSINESS OR INDUSTRY W.M.R.R.

11. BIRTHPLACE (State or foreign country) Union Bridge, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Smith

14. MOTHER'S MAIDEN NAME Margaret S. Walls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Span. Amer.

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs. Katherine Kendall Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

312 X

Immediate cause (a) Fractured Skull, hemorrhage and shock — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 9-54 7:20PM
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Stepped in path of oncoming mail truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 3-10-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-12-54
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Mar. 12, 1954
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

3043

03043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 620-G. Commonwealth Ave

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Daniel (Last) Smith
4. DATE OF DEATH (Month) March (Day) 2 (Year) 1954
5. SEX Male
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH February 28, 1954
9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours 35½ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Westley Smith
14. MOTHER'S MAIDEN NAME Dorothy Mae Cline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 620-G. Commonwealth Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7600

Immediate cause (a) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 35½ hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Toxemia of Pregnancy

(c) Malposition of fetus - Version Breech Extraction

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Pregnancy

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 2-28-54 7 pm
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Delivery

22. I hereby certify that I attended the deceased from 3-1 1954, to 3-2, 1954, that I last saw the deceased alive on 3-2, 1954, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE R.A. Young / DB (Degree or title) M.D. ADDRESS Wash. Co. Hosp. DATE SIGNED 3-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 3-1954
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Mar. 3, 1954
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Scott Minnich & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 5 1954
BUREAU V. S

3044

03044

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 3 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Jail

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg; STREET ADDRESS (If rural, give location) North Main St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Raymond (Last) Smith

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 11, 1905

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Moulder

10b. KIND OF BUSINESS OR INDUSTRY: Sand Blast

11. BIRTHPLACE (State or foreign country): Cavetown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Smith

14. MOTHER'S MAIDEN NAME: Jennie Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 174-01-3816

17. INFORMANT AND ADDRESS: Mrs. Lola Smith Smithsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 581.1 (a) chronic alcoholism — Interval between onset and death: 90days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fatty degeneration of Liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? (note died suddenly after 2hrs in Jail)

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) S. Robert Mullo M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS 115N. Potomac St. Hagerstown, Maryland

DATE SIGNED 3-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-12-54

NAME OF CEMETERY OR CREMATORY: Luthern Cemetery

LOCATION (City, town, or county) (State): Smithsburg Md.

DATE REC'D BY LOCAL REG.: MAR. 11. 1954

REGISTRAR'S SIGNATURE: Edith M. Bower

24. FUNERAL DIRECTOR: Scott F. Minnich & Son

ADDRESS: Smithsburg Md.

3045

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03045

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) F. (Last) Smith

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1-29-1871
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Marker
14. MOTHER'S MAIDEN NAME: Cynthia Bowman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: G. Arthur Smith, Myersville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage. — Interval Between Onset and Death: 36 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis generalized and hypertension mild — indef

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rectum

19a. DATE OF OPERATION: 5-24-54
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of rectum
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1951, to death, 19 , that I last saw the deceased alive on 3-23, 1954, and that death occurred at 825AM, from the causes and on the date stated above.

SIGNATURE Robert T. Keadle (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 3-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-27-1954
NAME OF CEMETERY OR CREMATORY U.B. Cemetery
LOCATION (City, town, or county) Myersville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 26. 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Gladhill Co, ADDRESS Middletown, Md.

RECEIVED
MAR 29 1954
BUREAU V. S.

3046

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03046

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 30YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 931 LANVALE ST.

3. NAME OF DECEASED: (Type or Print) (First) TURSIE (Middle) ALICE (Last) SNYDER

4. DATE OF DEATH: (Month) MARCH (Day) 14 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/17/1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE REYNOLDS

14. MOTHER'S MAIDEN NAME: CATHERINE MASINCUP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. SUE KARN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 331X (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (b) Arterio-Sclerosis — (?)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) ✓ (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19..... , to ...., 19..... , that I last saw the deceased alive on 3/13, 1954, and that death occurred at 9.50 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Victor D Miller M.D. ADDRESS 131 West Washington St Hagerstown Md DATE SIGNED 3/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/16/54 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar. 18, 1954 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR W. J. Mowen ADDRESS Hagerstown Md

RECEIVED
MAR
BUREAU V. S.

3073

03047

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cavetown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Anne (Last) Stephey
4. DATE OF DEATH: (Month) (Day) (Year) March 28 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Feb. 12, 1852
9. AGE last birthday: 102 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): teacher
10b. KIND OF BUSINESS OR INDUSTRY: public school
11. BIRTHPLACE (State or foreign country): Cavetown, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Baechtel
14. MOTHER'S MAIDEN NAME: Annie Hammaker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: - -
17. INFORMANT & ADDRESS: Mrs. Irene Oswald, Cavetown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Cardio renal arteriosclerosis — Interval Between Onset And Death 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1954, to March 28, 1954, that I last saw the deceased alive on March 27, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE B W LeVan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 3/28/54.

23. BURIAL, CREMATION, REMOVAL, (Specify) burial
DATE THEREOF 3-31-54
NAME OF CEMETERY OR CREMATORY Cavetown Reformed Cem.
LOCATION (City, town, or county) (State) Cavetown, Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 30, 1954
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Smithsburg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5
BUREAU V. S.

03047

03048

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1050 S. POTOMAC ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 1050 S. POTOMAC ST.

3. NAME OF DECEASED (Type or Print) (First) HERMAN (Middle) LEROY (Last) STOUFFER
4. DATE OF DEATH (Month) MARCH (Day) 8 (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 9/16/1910
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY PARTS MFG. CO.
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WILLIAM V. STOUFFER
14. MOTHER'S MAIDEN NAME LENA L. LINDSAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 210-14-7598
17. INFORMANT AND ADDRESS Mrs. Lena Stouffer HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Vascular Hypertension	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute cerebral hemorrhage	36hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Blair Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 3-9-54

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/10/54
NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Mar. 9, 1954
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
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BUREAU V

3074 Film#G164 Item# 8,9 4/7/54 emf 03049

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock Md — LENGTH OF STAY (in this place) 18 Yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock MD
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) M (Last) Swan.

4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 2 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 9 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Richmond V.A.

12. CITIZEN OF WHAT COUNTRY? U.SA.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Charles M Baker Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Heart Block

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1954, to 3/26, 1954, that I last saw the deceased alive on 3/26, 1954, and that death occurred at 4.30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. Tabler MD ADDRESS Hancock Md DATE SIGNED 3/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3.29.54 — NAME OF CEMETERY OR CREMATORY Riverview View Cemetery — LOCATION (City, town, or county) (State) Hancock Washington Md.

DATE REC'D BY LOCAL REGISTRAR 3/29/54 — REGISTRAR'S SIGNATURE A Heller

24. FUNERAL DIRECTOR Howard J Grove Hancock Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03050

Dr. Hocklander

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH.
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 6
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodpoint

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 6
STREET ADDRESS (If rural give location) Woodpoint

3. NAME OF DECEASED: (First) MAZIE (Middle) VIOLA (Last) SWISHER

4. DATE OF DEATH (Month) Mar. (Day) 25 (Year) 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept. 29, 1874

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Zullinger, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Helm

14. MOTHER'S MAIDEN NAME: Annie Reecher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. John Swisher

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — 10 yrs

DUE TO (C) Hypertension — 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 19 54 to 25, 19 54 and that I last saw the deceased alive on 24 Mar., 19 54, and that death occurred at 6:40 PM, from the causes and on the date stated above.

SIGNATURE Eldon Hocklander M. D. ADDRESS Hagerstown Md DATE SIGNED 3/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 3-28-54

NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

LOCATION (City, town, or county) (State) Waynesboro, Pa.

DATE REC'D BY LOCAL REGISTRAR Mar 28, 1954

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN — LENGTH OF STAY (in this place) 65 YRS.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOME	STREET ADDRESS (If rural give location) WASHINGTON COUNTY HOME

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) EMMA (Last) TAYLOR

4. DATE OF DEATH: (Month) MARCH (Day) 11 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1/14/1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ABRAHAM RHODES

14. MOTHER'S MAIDEN NAME: MARGARET FORTHMAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. GEORGIE ROHRER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive arteriosclerotic cardio-vascular disease — Interval Between Onset And Death unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953, to March 11, 1954, that I last saw the deceased alive on March 9, 1954, and that death occurred at 10 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arlie Robert Cohen M.D. — ADDRESS Clear Spring Md. — DATE SIGNED March 12-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/13/54 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 12, 1954 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Norment — ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Cohen

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 200 Summit Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 200 Summit Ave.,

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) John (Last) Walker

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 2- 1872

9. AGE Last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: cashier- Millers Rest.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 219-20-2954

17. INFORMANT & ADDRESS: Millard Martin Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause — (a) 450.1 generalized advanced arterio sclerosis — 5yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO — (b) arterioclerotic myocardial failure grade Iv — lyr

DUE TO — (c) arterio sclerotic gangrene left foot — 2 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: probable spinal cord tumor thoracic region — 8yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. ..., 19 43, to March 8, 19 54, that I last saw the deceased alive on Feb. 23, 19 54, and that death occurred at 12:30A, from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Walter Wells M.D. — ADDRESS — DATE SIGNED: 3-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-10-54 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Greencastle, Pa.

DATE REC'D BY LOCAL REGISTRAR: Mar. 8, 1954 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss — ADDRESS: Hagerstown, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03053

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highfield
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Highfield.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) West

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 25, 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Landis Mach. Co
11. BIRTHPLACE (State or foreign country): Lantz Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William West.
14. MOTHER'S MAIDEN NAME: Margaret Ott.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 173-03-1275
17. INFORMANT & ADDRESS: Mrs Stanley Harbaugh Highfield Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset And Death 2-3 Hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan 1954, to 4 March 1954, that I last saw the deceased alive on 4 March 1954, and that death occurred at 11 30 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry Hyoungs Jr MD. ADDRESS Blue Ridge Summit Pa DATE SIGNED 5 March 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/7/1954
NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery
LOCATION (City, town, or county) Thurmont (State) Md

DATE REC'D BY LOCAL REGISTRAR Mar 6-54
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Walter Y Grove ADDRESS Waynesboro, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hoffman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Hagerstown
LENGTH OF STAY (in this place): 2½ Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryelnd — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 810 Dewey Ave

3. NAME OF DECEASED: (Type or Print) (First) GLENN (Middle) SYLVESTER (Last) WINGLER

4. DATE OF DEATH: (Month) Mar (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feby 8 1908

9. AGE Last birthday: 46 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Train Dispatcher C W & M. R. R.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shippensburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George B. Wingler

14. MOTHER'S MAIDEN NAME: Ida Oppe

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 1H 01-9291

17. INFORMANT & ADDRESS: Mrs Doris Wingler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — Interval Between Onset And Death: 2 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer — 19 yrs

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1954 to Mar. 6, 1954, that I last saw the deceased alive on Mar. 6, 1954, and that death occurred at 10:50 PM, from the causes and on the date stated above.

SIGNATURE: Lloyd A. Hoffman (Degree or title) M.D. — ADDRESS: 214 N. Pot. St. Hagerstown, Md. — DATE SIGNED: Mar. 8. 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/9/54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 9 1954 — REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

VS. A15

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
LENGTH OF STAY (In this place) 4 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUILFORD NURSING HOME 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOONSBORO
STREET ADDRESS (If rural, give location) N. MAIN ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) CADVILLE DAVID - YOUNG

4. DATE OF DEATH (Month) (Day) (Year) MARCH 18 1954

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JULY 10 - 1877
9. AGE last birthday 76-8-8 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
11. BIRTHPLACE (State or foreign country) BOONSBORO WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DAVID YOUNG
14. MOTHER'S MAIDEN NAME ELLEN LA POLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. LUCY YOUNG BOONSBORO MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio-Renal arteriosclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1954, to March 18, 1954, that I last saw the deceased alive on March 18, 1954, and that death occurred at 9.40 P. m., from the causes and on the date stated above.

SIGNATURE G W Le Van (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 3/20/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE MARCH 21 1954
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD

DATE REC'D BY LOCAL REG. March 20 1954
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR WM. B. BAST AND SONS ADDRESS BOONSBORO MD

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MAR 26 1954
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Jennings

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 318 Summit Ave.

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) PAUL (Last) ZEIGLER

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 28, 1886

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Supt. of Shipping Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Hag. Shoe Co.

11. BIRTHPLACE (State or foreign country): Shippensburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey W. Zeigler

14. MOTHER'S MAIDEN NAME: Maude F. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 214-09-0159

17. INFORMANT & ADDRESS: Mrs. Arlene Farris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.0 Immediate cause	(a) Congestive Heart Failure	2 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	2-3 years
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bronchial asthma	4-5 years.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 19 54, to March 11, 19 54, that I last saw the deceased alive on March 11 19 54, and that death occurred at 5:35 pm, from the causes and on the date stated above.

SIGNATURE: George Jennings (Degree or title) MD — ADDRESS: Hagerstown, Md — DATE SIGNED: March 12, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-14-54 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: March 13 1954 — REGISTRAR'S SIGNATURE: Chas H Towers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman-Hagerstown, Md.

RECEIVED
MAR 15 1954
BUREAU V. S.